

<b>NWS CHANGE FORM PART A</b>			1. DATE SUBMITTED  12/27/99    2/2/00	
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).				
2. ORIGINATOR OFFICE  TDL		3. SUBMITTING AUTHORITY Name: Ward Seguin Routing Code: W/APO1		4. COGNIZANT TECHNICAL INDIVIDUAL Name: Mathew Peroutka Routing Code: W/OSD25 Phone: 301-713-1768 x144
5. ORIGINATOR TRACKING NUMBER  4.2.IPAddr RC_APO22				
6. SYSTEMS AFFECTED BY CHANGE  <input type="checkbox"/> DATA PRODUCTS (Complete Data Products Supplement) <input type="checkbox"/> ASOS <input checked="" type="checkbox"/> AWIPS <input type="checkbox"/> CRS <input type="checkbox"/> NEXRAD <input type="checkbox"/> OTHER (specify) _____				7. WSH TRACKING NUMBER  <b>NWS 540</b> 2/3/00
8. TITLE OF CHANGE Assign an AWIPS IP Address to support release 5.x alpha release testing of Interactive Forecast preparation System (IFPS)				
9. TYPE OF CHANGE  <input type="checkbox"/> HARDWARE <input checked="" type="checkbox"/> SOFTWARE <input type="checkbox"/> DOCUMENTATION ONLY			10. SITES AFFECTED (Attach Part B, Page 2, if needed)  WFO Grand Rapids, Michigan (GRR) (see Attach A1A for details)	
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.)  Planned enhancements to IFPS require testing of alpha release code in a field environment before they are released into the AWIPS CM baseline.				
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.)  Assign an AWIPS IP address to run alpha release software onto 755 host attached to AWIPS LAN.				
13. ALTERNATE SOLUTIONS  N/A				
14. REQUIRED CHANGE DATE  January 18, 2000		15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.)  Host must be connected to AWIPS LAN and tested before beginning training. Staff training is scheduled for the week of January 24, 2000.		
<b>CCB/PMC/CMB DECISION</b>				
16. DECISION AUTHORITY LEVEL		<input type="checkbox"/> CCB LEVEL ONLY <input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED		
17. CCB LEVEL DECISION		<input type="checkbox"/> APPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVED		
		SIGNATURE  DATE SIGNED		
<b>FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED</b>				
18. PMC OR NWS CMB DECISION		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
		SIGNATURE  DATE SIGNED		

<b>NWS CHANGE FORM</b> <b>PART B</b>		<b>1. ORIGINATOR TRACKING NUMBER</b>  4.2.IPAddr	
All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject.		<b>2. WSH TRACKING NUMBER</b>	
<b>FUNDING INFORMATION</b>			
Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.)		<b>3. SOURCE OF FUNDING</b>	<b>4. TOTAL COST</b> \$0
<b>5. DEVELOPMENT COSTS</b> (Estimate development costs)  This cost is associated with Release 5.0 development		KMOD _____ BASE	AMOUNT \$0
<b>6. OPERATIONAL TEST AND EVALUATION COSTS</b> (Estimate test and evaluation costs) N/A		BASE	AMOUNT \$0
<b>7. PRODUCTION COSTS</b> (Include acquisition, kit proofing, spares, delivery, and documentation costs) N/A		KMOD _____ BASE	AMOUNT \$0
<b>8. COMMUNICATIONS SERVICE/CIRCUITS COSTS</b> (Include installation and recurring costs) N/A			AMOUNT \$0
<b>9. IMPLEMENTATION SUPPORT COSTS</b> (Include travel, installation, and administrative costs) N/A		KMOD _____ BASE	AMOUNT \$0
<b>9A. LIFE CYCLE SUPPORT COSTS</b> (Less communications service/circuits) N/A		KMOD _____	AMOUNT \$0
<b>SUPPORTING INFORMATION AND SCHEDULES</b> Provide detailed information needed to implement the requested change.			
<b>10. DEVELOPMENT STATUS/SCHEDULE</b> (Major milestones such as Start, Beta Test, and OT&E)  N/A		<b>11. PRODUCTION STATUS/SCHEDULE</b> (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.)  N/A	
<b>12. IMPLEMENTATION/RETROFIT SCHEDULE</b>  N/A		<b>13. FACILITY INFORMATION</b> (Attach facility drawings/plans.)  N/A	
<b>14. COMMUNICATIONS INSTALLED</b> (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) N/A		<b>15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED</b> N/A	
<b>16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES</b> (Include person or organization responsible for obtaining each) N/A		<b>17. COORDINATION OF CHANGE WITH OTHER CHANGES</b> N/A	
<b>18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED</b> (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) N/A		<b>19. STAFF RESOURCE IMPACTS</b> (Skills and workload impact on maintainers, operators, and managers.) N/A	
<b>20. LOGISTICS IMPACTS</b> (Include facilities, maintenance, training, and support equipment impacts.) N/A		<b>21. OPERATIONAL IMPACTS</b> (Include continuity and back up needs and plans.) N/A	
<b>22. ADDITIONAL MAJOR CHANGE ACTIVITIES</b> (Include who will accomplish each of them and staff hours required.)  TDL engineers and site personnel will handle the connections under previous RC. The SST will assign the IP address.			



